

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																												
FY 2008																														
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))																														
In Re Application Of: Sean CULLINAN, et al.																														
Application Number: 10/625,774		Filed: July 24, 2003																												
For: AUTOMATIC SELECTION OF ENCODING PARAMETERS FOR TRANSMISSION OF MEDIA OBJECTS		Confirmation Number: 7859																												
Art Unit: 4122		Examiner: Noel R. Beharry																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"></th> <th style="text-align: center; width: 15%;"><u>Fee</u></th> <th style="text-align: center; width: 15%;"><u>Small Entity Fee</u></th> <th style="text-align: right; width: 50%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> second <input type="checkbox"/> third <input type="checkbox"/> fourth <input type="checkbox"/> fifth</td> <td colspan="3" style="text-align: center;">(a _____-month extension and fee having been filed on _____)</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____	<input type="checkbox"/> second <input type="checkbox"/> third <input type="checkbox"/> fourth <input type="checkbox"/> fifth	(a _____-month extension and fee having been filed on _____)		
	<u>Fee</u>	<u>Small Entity Fee</u>																												
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00																											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____																											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____																											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____																											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____																											
<input type="checkbox"/> second <input type="checkbox"/> third <input type="checkbox"/> fourth <input type="checkbox"/> fifth	(a _____-month extension and fee having been filed on _____)																													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																														
<input type="checkbox"/> A check in the amount of the fee is enclosed.																														
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																														
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1442</u> .																														
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,828</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>_____</u>																														
<u>jmh41828/</u> Signature		August 20, 2008 Date																												
James M. Heintz Typed or printed name		202.799.4000 Telephone Number																												
DLA PIPER US LLP 500 8th Street, NW Washington, DC 20004-2131		Customer Number: 24510																												

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.